ANNUAL REPORT

for the fiscal year
ending March 31, 1986

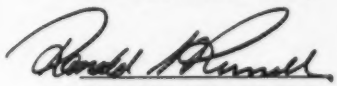
Health Services and Insurance Commission

To The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1986.

Your obedient servant,



Ronald S. Russell, C.D.
Minister of Health

To The Honourable Ronald S. Russell, C.D.
Minister of Health
Joseph Howe Building
Halifax, Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1986.

Respectfully submitted,

Clemm E. Larsen

Clemm E. Larsen, C.D.
Chairman

Nova Scotia
Health Services
and
Insurance Commission
Members
March 31, 1986

Chairman	Clemm E. Larsen Parrsboro
Vice-Chairman	Professor R.G. Murray Dartmouth
Commissioners	Jean Dobson Kentville
	G.S. Fairn Middleton
	C. Herbert Inness Port Medway
	Dr. Philip Jardine Musquodoboit Harbour (Retired: Aug. 31, 1985)
	Mary MacDonald New Waterford
	William MacDonald Yarmouth
	Dr. D.C.T. Macintosh Halifax
	Dr. N.K. MacLennan Sydney
	Dr. Bruce Pretty Halifax
	Major General G. Spencer Chester
Executive Director	J.G. Hare Halifax
Executive Secretary	D.H. Waller (Retired: Sept. 30, 1985)

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INTRODUCTION

This is the thirteenth annual report of the Health Services and Insurance Commission to the Honourable Minister of Health and is made pursuant to Section 16(1) of the Health Services and Insurance Act.

Programs provided to residents that are the responsibility of the Commission are:

(1) Physicians' services

(2) Surgical-dental services in hospital

(3) Vision analyses by optometrists

(4) Drug program for residents 65 years of age and over

(5) Dental services for children born on or after January 1, 1967 to age 16, or for students registered with the School for the Blind

(6) Drug program for sufferers of cystic fibrosis

(7) Dental program for patients with cleft lip/cleft palate

(8) Drug program for those suffering from diabetes insipidus related to the pituitary gland

(9) Program of drugs for cancer patients

(10) Prosthetic services program

The Commission consisted of twelve members appointed by the Lieutenant-Governor in Council. Eleven regular meetings were held by the Commission during the year. Committees of the Commission met as required throughout the year.

Maritime Medical Care continued to carry out the day-to-day administration of the various programs.

The total number of claims processed under all programs was 7,276,000, a 4.2 percent increase over those of the previous year.

Total payments increased by 10.9 percent to $224,771,743.

Basic statistical data relating to all programs are included in the statistical section of this report. More detailed data are available on request.

HIGHLIGHTS 1985-86

1. The medical tariff increased by 4.273% effective April 1, 1985.

2. The dental tariff increased by 4.273% effective April 1, 1985.

3. The optometric tariff increased to $24.95 effective July 1, 1985 and to $26.10 effective January 1, 1986.

4. The dispensing fee for pharmacists was increased to $5.75 effective July 1, 1985.

5. One inquiry was held into submission of irregular claims by a physician. The physician was ordered not to practice under the plan for a period of three months.

6. Mr. Larsen was appointed chairman of the Commission effective October 1, 1985.

7. Miss Dobson, Mr. William MacDonald, Dr. N.K. MacLennan and Dr. B. Pretty were appointed members effective October 1, 1985.

8. Mr. Inness's appointment was extended to March 14, 1989, and Mr. Fairn's appointment was extended to April 30, 1987.

9. Dr. Jardine retired as a member of the Commission effective August 31, 1985, and Mr. D.H. Waller retired as Executive Secretary effective September 30, 1985.

10. Dr. Sheehy, D.V.A., was replaced by the Honourable Ronald S. Russell, C.D., in December, 1985.

GENERAL INFORMATION

Legislation

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia, 1973—the Health Services and Insurance Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital programs was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists and pharmacists.

Effective July 1, 1984, the Health Services and Insurance Act was amended by Chapter 50 of the Acts of 1984. The effect of the amendment was to preclude billing above tariff by physicians, dentists and optometrists. The amendment also established a system of final offer arbitration for resolution of issues relating to compensation.

The Commission

The wide range of services provided to residents of Nova Scotia is administered by a commission consisting of not fewer than 9, or more than 12, members responsible to the Minister of Health. At year end there were 11 members, including one physician nominated by the Medical Society of Nova Scotia and two members nominated by the Association of Health Organizations.

Each commissioner holds office for such term as is prescribed by his or her appointment and is eligible for reappointment, but shall not hold office for a term or terms exceeding six consecutive years. Mr. C.E. Larsen, Miss Jean Dobson, Mr. George Fairn, Mr. Herbert Inness, Mr. William MacDonald, Mr. N.K. MacLennan and Dr. Bruce Pretty were appointed as members of the Commission.

Mr. D.H. Waller retired as executive secretary to the Commission, and Mr. J.G. Hare, C.A. was appointed as Executive Secretary in addition to his responsibilities as executive director of the Commission.

Responsibilities of the Commission

The Commission has the function and the power

11.(1) (a) to negotiate in good faith compensation for insured medical services between the Commission on behalf of the Province and

(i) the Society on behalf of duly qualified medical practitioners in the Province who provide insured medical services, or

(ii) a professional organization representing persons in the Province who render insured medical services and who are not duly qualified medical practitioners;

(b) to participate in any process of final offer arbitration as provided for in this Section;

(ba) to establish the tariff or tariffs of fees or other systems of payment for insured medical services determined in accordance with this Section and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(c) to interpret tariffs and determine their application to the assessment of claims;

(d) to conduct surveys and research in relation to services that are insured under this Act;

(e) to perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) to do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this Act.

Funding

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature, and all services are rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province.

Administration

The Executive Director, Mr. J.G. Hare, C.A., is responsible to the Commission for the overall direction of the plan. Maritime Medical Care is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with the Act and Regulations.

Tariff Development

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariff of fees, or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other method of payment, and then requests approval of the Governor in Council to make payments in respect thereof.

Tariff increases effective during 1985/86 were as follows:

(1) medical tariff: 4.273% effective April 1, 1985;

(2) children's dental plan, cleft palate program and surgical-dental tariffs: 4.273% effective April 1, 1985;

(3) optometric tariff: to $24.95 effective July 1, 1985 and to $26.10 effective January 1, 1986; and

(4) the professional component of pharmacy tariff to $5.75 effective July 1, 1985.

Registration

Registration of beneficiaries is carried out by Maritime Medical Care, which is reimbursed by the Province for such services as are performed on its behalf.

Eligibility for Benefits

Eligibility for benefits for residents does not depend on prior registration. No premiums are required. Eligibility, generally speaking, is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age

are issued with a separate registration card at the start of the month following the month in which they reach their eighteenth birthday.

Newcomers to Nova Scotia are required to register with Maritime Medical Care.

Generally speaking, residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special resident would include landed immigrants, discharged members of the Canadian Armed Forces and returning Canadians (from abroad).

Method of Payment

Usually, the majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. In such instances, payments may be made directly to the patient. Generally, this is the case for services rendered outside Canada or elsewhere within Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission. The level of payment for coverage provided on an out-of-Canada basis for physicians is based on the comparative fee in Nova Scotia, plus 75 percent of the balance.

No payments are made with respect to services provided at the request of a third party, or for services deemed medically unnecessary.

Third Party Recoveries

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Departmental Solicitor and the Casualty Claims Examiner, Miss K. Delaney, of the Department of Health, with the assistance of other staff members.

During the fiscal year 1985-86, $211,235.70 in respect of medical services payments was recovered from third parties.

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Table 1. M.S.I. Summary of Payments for the 12 Months Ending March 31, 1986

	1984-85	1985-86	% Change
Physicians' Services			
Fee-for-Service Payments	$145,965,267	$160,436,804[1]	9.9
Salaried & Sessional Payments	5,460,061	6,383,718	16.9
TOTAL PAYMENTS FOR PHYSICIANS' SERVICES	$151,425,328	$166,820,522	10.2
Dental Services			
Insured Dental Surgical Services	$ 1,981,155	$ 2,077,474	4.9
Children's Dental Plan	11,376,428	11,502,534	1.1
Cleft Palate & Special Programs	268,757	151,963	-43.5
Retroactive Payment[2]		496,167	
TOTAL DENTAL PAYMENTS	$ 13,626,340	$ 14,228,138	4.4
Optometric Services			
Optometric Plan	$ 2,302,845	$ 2,735,404	18.8
Prescription Drugs			
MSI Pharmacare	$ 34,422,475	$ 40,031,392	16.3
Cystic Fibrosis & Diabetes Insipidus	310,326	359,147	15.7
Cancer Society	26,381	55,467	110.3
Prosthetic Services	$ 485,789	$ 451,485	-7.1
TOTAL MSI PAYMENTS	$202,599,484	$224,681,555	10.9
Administrative Expense, Maritime Medical Care, Incorporated	$ 6,499,692	$ 6,834,240	5.2
Administrative Expense, as a Percentage of Total	3.2%	3.0%	
TOTAL	$209,099,176	$231,515,795	10.7

[1] Includes $310,727 for out-of-province hospital out-patient and diagnostic services transferred to the Department of Health in 1985-86, and $181 paid to physicians assisting at special dental surgical procedures.
[2] Based on all dental services performed during the fiscal year.

Table 2. Physicians' Services Payment and Utilization Summary: Fiscal 1985-86 Compared with Fiscal 1984-85

	1984-85	1985-1986[1]	% Change
Payment Summary			
Fee-for-Service Payments for Physicians' Services Rendered in Nova Scotia	$144,100,937	$158,107,392	9.7
Physicians Services Rendered Outside Nova Scotia	1,864,330	2,329,412[1]	24.9
TOTAL FEE-FOR-SERVICE PAYMENTS	$145,965,267	$160,436,804	9.9
Salaried Physicians	5,460,061	6,383,718	16.9
Total Payments for Physicians' Services	$151,425,328	$166,820,522	10.2
Utilization Summary			
Persons Insured	861,000	870,000	1.0
Persons Receiving Insured Services (Beneficiaries)	757,144	767,787	1.4
Percentage of Persons Insured	87.9	88.3	
Services Rendered	6,218,853	6,394,684	2.8
Services per Insured[2]	7.22	7.35	1.8
Expenditure per Issured[3]	$175.87	$191.75	9.0
Services per Beneficiary[2]	8.21	8.33	1.5
Expenditure per Beneficiary[3]	$200.00	$217.27	8.6

[1] Of the total for physicians' services, $310,727 represented out-of-province outpatient and diagnostic services charged to the Department of Health in 1985-86.

[2] Excludes services performed by physicians under salary arrangement.

[3] Includes payments for salaried physicians' services.

Table 3. Fee-for-Service Payments: Amount Paid by Type of Service

	12 Months Ending March 31, 1985		12 Months Ending March 31, 1986		
	Amount Paid	% Of Total	Amount Paid	% Of Total	% Change Amount Paid
Consultations	$ 18,747,326	12.8	$ 20,751,862	12.9	10.7
Office Visits	48,210,388	33.1	52,746,752	32.9	9.4
Home Visits	3,998,417	2.7	4,369,775	2.7	9.3
Hospital Visits	9,742,146	6.7	10,426,566	6.5	7.0
Emergency & Outpatient Dept. Visits	8,287,900	5.7	9,107,489	5.7	9.9
Intensive Care	1,345,143	0.9	1,524,587	1.0	13.3
Psychiatric Services	6,537,462	4.5	7,287,136	4.5	11.5
Sub-Total	$ 96,868,782	66.4	$106,214,167	66.2	9.7
Eye Examinations	$ 2,110,855	1.4	$ 2,067,412	1.3	-2.1
Other Diagnostic & Therapeutic	9,037,988	6.2	10,075,013	6.3	11.5
Sub-Total	$ 11,148,843	7.6	$ 12,142,425	7.6	8.9
Obstetrical Care	$ 4,801,649	3.3	$ 5,260,552	3.3	9.6
Major Surgery	$ 15,903,891	10.9	$ 17,160,903	10.7	7.9
Minor Surgery	4,695,163	3.2	5,169,493	3.2	10.1
Surgical Assistant	1,450,537	1.0	1,578,568	1.0	8.8
Anaesthesia	7,960,869	5.5	8,646,037	5.4	8.6
Sub-Total	$ 30,010,460	20.6	$ 32,555,001	20.3	8.5
All Other Services[1]	$ 3,135,533	2.1	$ 4,264,659	2.6	36.0
TOTAL	$145,965,267	100.0	$160,436,804	100.0	9.9

[1] ie, Amounts paid for out-of-province services, independent consideration, detention fees and group immunization.

Table 4. MSI Fee-for-Service Payments: Number of Physicians by Specialty and Payment Range[1] (1984-85 compared with 1985-86)

	Under $25,000		$25,000 -49,999		$50,000 -99,999		$100,000 -149,000		$150,000 -199,000	
	84/85	85/86	84/85	85/86	84/85	85/86	84/85	85/86	84/85	85/86
Anaesthesia	5	8	5	4	16	20	26	25	7	12
Dermatology	1	1	—	—	4	2	—	2	—	—
General Practice	215	223	94	106	207	191	235	249	92	109
General Surgery[2]	17	17	11	10	9	7	21	18	23	28
Internal Medicine	35	29	18	20	30	26	15	16	10	16
Neurology	3	2	2	—	5	4	1	1	1	1
Neurosurgery	—	—	—	—	—	—	2	1	2	3
Obstetrics & Gynaecology	4	3	1	—	8	8	8	8	10	13
Opthalmology	1	1	3	. 3	5	2	3	3	7	6
Opthalmology & Otolaryngology	2	1	—	—	2	1	1	1	—	—
Otolaryngology	4	4	—	1	2	1	2	2	4	1
Orthopaedic Surgery	2	1	—	—	—	—	5	5	2	1
Paediatrics	16	14	9	11	16	20	7	10	5	6
Physical Medicine	—	—	—	—	2	2	2	2	—	—
Plastic Surgery	—	—	—	—	—	—	—	1	4	2
Psychiatry	20	22	7	9	22	25	15	14	4	5
Radiology	56	57	6	9	5	2	—	1	1	1
Urology	—	1	1	2	4	1	5	4	4	4
Other Specialties[3]	13	14	—	—	—	—	—	—	—	—
TOTAL	394	398	157	175	337	312	348	363	176	208

[1] Provides data on MSI fee-for-service payments only.

[2] Includes Thoracic Surgery.

[3] Includes Pathology (11) and Public Health (2) in 1985 and Pathology (13) and Public Health (1) in 1986.

Table 4 (continued).
Number of Physicians by Specialty and Payment Range

	$200,000 -249,999		$250,000 -299,999		Over $300,000		Total	
	84/85	85/86	84/85	85/86	84/85	85/86	84/85	85/86
Anaesthesia	1	1	1	–	–	–	61	70
Dermatology	–	–	–	1	3	2	8	8
General Practice	28	39	4	4	3	5	878	926
General Surgery	16	15	5	8	7	6	109	109
Internal Medicine	7	5	2	4	6	6	123	122
Neurology	–	–	–	–	1	1	13	9
Neurosurgery	–	1	1	–	–	–	5	5
Obstetrics & Gynaecology	6	5	2	1	2	4	41	42
Ophthalmology	5	7	4	3	6	9	34	34
Ophthalmology & Otolaryngology	–	–	–	–	–	–	5	3
Otolaryngology	2	6	4	3	4	4	22	22
Orthopaedic Surgery	4	4	3	4	1	2	17	17
Paediatrics	1	1	–	–	–	–	54	62
Physical Medicine	1	1	1	1	–	–	6	6
Plastic Surgery	2	3	1	–	–	1	7	7
Psychiatry	–	1	–	–	–	–	68	76
Radiology	–	–	–	–	–	–	68	70
Urology	3	2	–	2	1	2	18	18
Other Specialties	–	–	–	–	–	–	13	14
TOTAL	76	91	28	31	34	42	1,550	1,620

Table 5. Dental Services: Payment and Utilization Summary

Payment Summary	1984-85	1985-86
Children's Dental & Dental Surgical[1]		
Services in Nova Scotia	$13,343,343	$13,566,901
Services Outside Nova Scotia	14,240	13,107
TOTAL	13,357,583	13,580,008
Special Dental Programs[2]	268,757	151,963
Retroactive Payment[3]		496,167
TOTAL DENTAL PAYMENTS[4]	$13,626,340	$14,228,138

Utilization Summary	Dental Surgical		Children's Dental	
	1984-85	1985-86	1984-85	1985-86
Services Rendered	28,910	29,235	520,162	525,877
Amount Paid[4]	$1,981,155	$2,158,018	$11,376,428	$11,914,707
Persons Insured	861,000	870,000	207,400	206,200
Persons Receiving Insured Services (Beneficiaries)	9,672	9,580	123,378	125,275
Percentage of Persons Insured	1.1%	1.1%	59.5%	60.8%
Services per Insured Person	.03	.03	2.51	2.55
Paid per Insured	$2.30	$2.48	$54.85	$57.78
Services per Beneficiary	2.99	3.05	4.22	4.20
Paid per Beneficiary	$204.83	$225.26	$92.21	$95.11

[1] Covers all children under 16 years of age.

[2] Include persons who have a cleft palate, in-hospital services to persons who are severely mentally retarded and children at the Halifax School for the Blind born prior to 1967. Amounts paid were:

	Number of Beneficiaries	Number of Services	Amount Paid
Cleft Palate	379	2,176	$126,637
Mentally Retarded	105	802	25,004
Halifax School for the Blind	8	19	322

[3] The retroactive payment, made in June, 1988, was based on all services performed under dental plans during fiscal 1985-86. This included $412,173 for Children's Dental, $80,544 for Dental Surgical, $2,561 for Cleft Palate, $878 for Mental Retardation and $11 for School for the Blind.

[4] Due to methods of processing data, amounts shown may vary slightly from accounting totals. These figures include the retroactive payment for 1985-86.

Table 6. Payments to Dentists, by Payment Range, 1984-85 and 1985-86

	Less Than $5,000		$5,000 -9,999		$10,000 -14,999		$15,000 -19,999		$20,000 -29,999	
	85	86	85	86	85	86	85	86	85	86
Children's Dental										
General Practitioners	45	48	20	24	33	26	19	25	26	34
Specialists	7	27	1	3	3	1	3	—	5	3
TOTAL	52	75	21	27	36	27	22	25	31	37
Dental Surgical										
General Practitioners	37	42	5	2	2	4	1	1	—	—
Specialists	3	5	—	—	—	1	—	—	—	—
TOTAL	40	47	5	2	2	5	1	1	—	—

Dental Services (continued))

Table 6

Payments to Dentists, by Payment Range

1984-85 and 195-86

	$30,000 -39,999		$40,000 -49,999		$50,000 -99,999		$100,000 And Over		Total	
	85	86	85	86	85	86	85	86	85	86
Children's Dental										
General Practitioners	33	31	27	19	74	81	13	13	290	301
Specialists	2	—	1	—	14	1	2	2	38	37
TOTAL	35	31	28	19	88	82	15	15	328	338
Dental Surgical										
General Practitioners	—	—	—	—	—	—	—	—	45	49
Specialists	—	1	—	—	1	1	9	9	13	17
TOTAL	—	1	—	—	1	1	9	9	58	66

Table 7. Optometric Services: Payment and Utilization Summary

	1984-85	1985-86	% Change
Payment Summary			
Payments to Optometrists in Nova Scotia	$2,294,673	$2,726,580	18.8
Out-of-Province	8,172	8,824	8.0
TOTAL	$2,302,845	$2,735,404	18.8
Utilization Summary			
Services Rendered	101,648	107,025	5.3
Persons Insured[1]	861,000	870,000	1.1
Persons Receiving Services (Beneficiaries)	98,352	103,170	4.9
Percentage of Persons Insured	11.4	11.9	
Services per 1,000 Insured	118	123	4.2
Expenditure per 1,000 Insured	$ 2,675	$ 3,144	17.5
Services per 1,000 Beneficiaries	1,034	1,037	0.3
Expenditure per 1,000 Beneficiaries	$ 23,414	$ 26,514	13.2

[1] Population estimates from Statistics Canada as of October 1, 1984 and 1985. Excludes individuals in the Armed Forces or R.C.M.P.: 1985-86 = 13,000; 1984-85 = 13,000.

Table 8. Number of Optometrists Paid by Payment Range
1984-85 and 1985-86

	Less Than $20,000		$20,000 -39,999		$40,000 -59,999		$60,000 -79,999		$80,000 and over		Total	
Location	**85**	**86**	**85**	**86**	**85**	**86**	**85**	**86**	**85**	**86**	**85**	**86**
Urban	5	5	7	3	9	9	4	7	1	2	26	26
Rural	6	6	6	4	6	5	6	8	2	4	26	27
TOTAL	11	11	13	7	15	14	10	15	3	6	52	53

Table 9. Pharmacare Services:
Payment and Utilization Summary
April 1, 1985 - March 31, 1986

	1984-85	1985-86	% Change
Payment Summary			
Payments for Prescriptions Dispensed			
By participating pharmacies	$33,334,888	$38,909,037	16.7
By other providers	465,065	508,896	9.4
By providers outside Nova Scotia	50,959	58,152	14.1
	33,850,912	39,476,085	16.6
Chedabucto Pharmacy[1]	287,076	320,863	11.8
Payments to Nursing Homes	284,487	234,444	-17.6
TOTAL	$34,422,475	$40,031,392	16.3
Utilization Summary			
Persons Insured	101,000	103,000	2.0
Persons Receiving Insured Services (Beneficiaries)[2]	92,274	94,985	2.9
Percentage of Persons Insured	91.4	92.2	
Prescriptions Dispensed	2,017,462	2,133,621	5.8
Prescriptions per Insured	20.0	20.7	3.5
Expenditure per Insured	$340.82	$383.26	12.5
Prescriptions per Beneficiary[2]	21.9	22.5	2.7
Expenditure per Beneficiary[2]	$366.85	$415.60	13.3

[1] Total amount paid from April 1, 1985 to March 31, 1986 inclusive both in the form of capitation payments and advance reimbursement of drug costs.

[2] Excludes prescriptions issued by nursing homes that are authorized providers of prescription drugs to residents.

Table 10. Special Drug Programs:
Payment and Utilization Summary
April 1, 1985 – March 31, 1986

	1984-85	1985-86
Payment Summary		
Cystic Fibrosis		
Drugs	$261,841	$311,552
Equipment	10,523	5,083
TOTAL	$272,364	$316,635
Diabetes Insipidus	37,962	42,512
Cancer Society	26,381	55,467
Utilization Summary		
Cystic Fibrosis		
Insured Persons	143	148
Expenditure per Insured Person	$ 1,905	$ 2,139
Diabetes Insipidus		
Insured persons	45	49
Expenditure per Insured Person	$ 844	$ 868

Table 11. Prosthetic Services:
Payment and Utilization Summary
April 1, 1985 – March 31, 1986

	1984-85	1985-86
Payment Summary		
Artificial Limbs	$438,461	$377,734
Maxillofacial Prosthodontics[1]	41,528	45,281
Ocular Prosthetics[1]	5,800	28,470
TOTAL	$485,789	$451,485
Utilization Summary		
Insured Persons		
Artificial Limbs	436	409
Maxillofacial Prosthodontics[1]	41	65
Ocular Prosthetics[1]	27	99
Expenditure per Insured		
Artificial Limbs	$ 1,006	$ 924
Maxillofacial Prosthodontics[1]	1,013	697
Ocular Prosthetics[1]	215	288

[1] Payments for Maxillofacial Prosthodontics and Ocular Prosthetics began during fiscal 1984-85.